## ReadBoston Charity Runner Application

## 2007 Boston Marathon® Charity Program

All pages of the application must be completed and returned with a non-refundable \$25 application fee by October 27, 2006.

Send completed applications to: Erin Smith ReadBoston 43 Hawkins Street Boston, MA 02114

Fax: 617-918-5475

Email: Erin.Smith.JCS@cityofboston.gov

Last Name	First Name		
Address			
City	State	Zip	
Home Phone	Cell Phone		
Employer	Title		
Work Address			
City	State	Zip	
Work Phone	Fax		
Email Address			
Does your company have match	ing gifts program?Yes _	No	
I would like to be contacted at:	Home Work		

## **Fundraising Experience**

Have you participated in a marathon/road race charity program before?	Yes	No
If yes, for which charity and how much money did you raise?  Charity Name Amount Raised \$		
What will your fundraising goal be for ReadBoston? (Minimum required is \$3,000) \$		
What are your ideas for raising these funds?		
What other community organizations are you involved with?		
What has been your experience fundraising for these other organizations in	n the past?	
Please describe why you would like to run for ReadBoston?		
We are planning a Team Reading Event at a Boston Public Elementary sch you be willing to spend an hour with your teammates reading to kids?		
ReadBoston will hold three meetings for planning and socializing. Do you in attending these meetings?YesNo	foresee any	conflict

## ReadBoston Terms and Conditions for the 2007 Boston Marathon® Charity Program

Please read the following carefully before signing below.

**Fundraising Commitment:** A minimum donation of \$3,000 is required to join ReadBoston's marathon team and receive an individual entry for the 2007 Boston Marathon.

ReadBoston team members must raise a minimum of \$500 by December 31, 2006 to secure their Boston Marathon number. The \$500 will be applied toward your \$3,000 fundraising minimum.

Valid credit card information must be included with your application to apply for the ReadBoston team. In the event you do not meet the minimum donation requirement ReadBoston reserves the right to charge the balance owed to your credit card. Master Card and Visa are accepted.

**Cancellation Policy:** You may cancel your participation with the ReadBoston team for the Boston Marathon, waiving your responsibility for the \$3,000 minimum anytime on or before January 15, 2007. To do so you must contact Erin Smith at ReadBoston, in writing, on or before the cancellation date. After January 15, 2007 you are responsible for raising the \$3,000 minimum, even if for any reason, including injury, you are unable to run in the Marathon.

Donations will not be refunded, even if you cancel before January 15, 2007.

Matching Gift Policy: Many companies match employees' charitable contributions. You can check with your employer to see if your company has the program, and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually: therefore if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure that the check will be issued before April 1, 2007. If the companies match cycle is past April 1, 2007 the match cannot count towards your minimum.

**B.A.A.** Registration: ReadBoston will inform you of the details of the B.A.A. registration after your application is accepted. The B.A.A. charges a \$200 race application fee that does not count towards your fundraising commitment. This fee will be collected separately at a later date. You should NOT contact the B.A.A. directly to secure your number. If you raise more than \$5000, this fee will be waived.

Release Form and Contribution Agreement: In considerations of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against ReadBoston, its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$3,000 for ReadBoston. If I have not reached the minimum in sponsorships, I will be personally responsible

for the balance owed. I understand that unless I cancel by January 15, 2007, ReadBoston reserves the right to charge the balance I owe to my credit card. I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of ReadBoston.

In the event of illness, injury or medical emergency arising during the vent or in the training and planning sessions for said event, I herby authorize and give my consent to ReadBoston to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me but not limited to medical transport, medications, treatment, and hospitalization. The following person should be contacted in the vent of an emergency.

Emergency Contact:	Relationship:
Telephone number:	
Allergies to medicines:	
MasterCardVisa	
Card Number:	Expiration Date:
Name on card:	
Address (if different from address on page	e 1):
Signature of holder:	Date: